



The
Lexicon
International School

Form No: _____

Admit/ Not Admit

Director/Principal

ADMISSION FORM
Lexicon Estate, Pune-Nagar Road
Wagholi, Pune 412 207 (MS) India
PH:+90 02027051818/65303160
Email: info@lexicon.edu.in

Affix Recent Colour
Photograph

To be filled in Capital Letters
If not filled, as prescribed, the form
will not be accepted

STUDENT DETAILS

FULL NAME _____
(Surname First)

DATE OF BIRTH (DD/MM/YYYY) _____

PLACE OF BIRTH _____

NATIONALITY _____

MOTHER TONGUE _____

CASTE _____

GENDER MALE FEMALE

ANY ALLERGIES/MEDICAL PROBLEMS _____

APPLYING FOR GRADE _____

CURRICULUM CBSE IGCSE (University of Cambridge)

EDUCATIONAL DETAILS

LAST SCHOOL ATTENDED _____
(If Applicable)

LAST CLASS ATTENDED _____ GRADE/PERCENTAGE OF MARKS
OBTAINED IN LAST CLASS _____

LAST CURRICULUM _____

FATHER/GUARDIAN DETAILS

FULL NAME _____

EDUCATIONAL QUALIFICATION _____

DESIGNATION & ORGANISATION _____

OFFICE ADDRESS _____

CITY _____ STATE _____ PIN _____

OFFICE TELEPHONE _____

MOTHER/GUARDIAN DETAILS

FULL NAME

EDUCATIONAL QUALIFICATION

DESIGNATION & ORGANISATION

OFFICE ADDRESS

OFFICE TELEPHONE

EMAIL:

CITY

STATE

PIN

RESIDENCE DETAILS

RESIDENCE ADDRESS

CITY

STATE

PIN

RESIDENCE NO.

MOBILE

EMAIL

DECLARATION

I, THE PARENT /GUARDIAN OF HEREBY DECLARE THAT I AM

AWARE OF THE FINANCIAL OBLIGATIONS OF ADMITTING MY CHILD/WARD TO THE LEXICON INTERNATIONAL SCHOOL. I HAVE READ THE RULES AND REGULATIONS. I AGREE TO PAY THE TUITION AND OTHER FEES PAYABLE TO THE INSTITUTION AS FIXED FROM TIME TO TIME.

NAME

SIGNATURE

PLACE

DATE

FOR OFFICE USE ONLY

DOCUMENTS SUBMITTED

AGE PROOF

THREE PASSPORT SIZE PHOTOGRAPHS

ORIGINAL SCHOOL LEAVING CERTIFICATE

COPY OF LAST PROGRESS REPORT CARD

FOR FOREIGN NATIONALS

COPY OF PASSPORT & VISA

STATE REGISTRATION LETTER

ADMITTED: _____
Director